SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER AS FILED 2nd AMENDMENT DEP. DEP. IND. DEP. IND. DEP. IND. DEP. DEP. ı t TOTAL TOTAL IND. **-**1 TOTAL DEP. TOTAL DEP **(A)** . . .

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM **PTO-2022** (1-98)

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